

**EAST HAMPTON TOWN  
FIRE MARSHALS OFFICE**

300 Pantigo Place, Suite 111, East Hampton, New York 11937  
(631) 329-3473 Fax (631) 329-9403

F. M. Use ONLY
OK __ NOT OK __
FM _____
Date _____

**ANNUAL CERTIFICATION of INSPECTION and TESTING  
of  
FIRE ALARM SYSTEM**

**CAUTION: NOTIFY ALL OCCUPANTS AND ANY AGENCIES WHO MIGHT RESPOND BEFORE TESTING SYSTEM. FAILURE TO DO SO MAY RESULT IN LEGAL ACTION AGAINST THE INSPECTOR!**

**PLEASE PRINT OR TYPE ALL INFORMATION**

Name of Premises: \_\_\_\_\_ Inspection Date \_\_\_\_\_

Address of Premises: \_\_\_\_\_

Fire Department as Listed on Central Station Records: \_\_\_\_\_

Name of Occupant/Agent Present: \_\_\_\_\_

Type of System: Manual ☐ Automatic ☐ Voice Evacuation ☐ Other \_\_\_\_\_

Is Occupancy Type same as previous test? Yes ☐ No ☐ Is the Building completely protected? Yes ☐ No ☐

Is Fire Sprinkler system connected to the Alarm System? Yes ☐ No ☐ N/A (No Equipment Present) ☐

Is Hood Extinguishing System connected to the Alarm System? Yes ☐ No ☐ N/A (No Equipment Present) ☐

Name of Central Station: \_\_\_\_\_ Phone Number \_\_\_\_\_

List deficiencies noted:

\_\_\_\_\_  
\_\_\_\_\_

**Were all deficiencies noted above corrected?** \_\_\_\_\_ **If not, why:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Name of Inspecting Firm: \_\_\_\_\_

Address of Inspecting Firm: \_\_\_\_\_

NYS Alarm License #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**CERTIFICATION: I, an employee of the Inspecting Firm listed above, do hereby certify that the fire alarm system described above was inspected in accordance with the applicable portions of NFPA 72 (Current Version), particularly Chapter 7 as well as Table 7-2.2 and Table 7-3.1 of NFPA 72. This Certification does not imply that items requiring daily, weekly, monthly or quarterly inspection or testing were performed at the specified intervals, but does imply that all such times were inspected or tested and appeared to function as noted in this certification at the time of the inspection. I certify that this inspection has been properly conducted and all of the above statements are true and correct to the best of my knowledge.**

_____ <b>Print</b> Name of Inspector	_____ Signature of Inspector	_____ Date
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**ANY FALSE STATEMENT MADE HEREIN IS PUNISHABLE AS A MISDEMEANOR PURSUANT TO  
SECTION 210.45 OF THE NEW YORK STATE PENAL LAW.**

**FORM WITH AN ORIGINAL SIGNATURE IS REQUIRED!**

**DO NOT SEND BY FAX!**